department channels. The local health department will facilitate obtaining the botulism antitoxin. They will also contact all other exposed persons, collect all the implicated suspicious foods and facilitate the specific toxin diagnosis. If the patient's treatment with antitoxin is begun promptly and supportive therapy is available for respiratory distress and complications, the mortality rate usually will be less than 10 percent. If the patient survives, there usually will be complete recovery with no residual.

STEPHAN BILLSTEIN, MD

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Isoniazid

ISONIAZID HAS BEEN in clinical use since 1952 and is known to be one of the most potent bactericidal agents against tuberculosis bacilli. The drug is used either in combination with at least one other drug in the treatment of tuberculosis or as a single drug for preventive treatment of infected persons without disease.

For treatment of disease in adults, the recommended daily dose is 300 mg per day. Higher daily doses are not more effective and result in an increased frequency of toxic reactions. The dosage in children is 10 to 20 mg per kg of body weight per day. One of two additional drugs is administered with isoniazid to reduce the chance that drug resistant organisms will emerge during therapy. At present, it is generally recommended that chemotherapy for tuberculosis be continued for 18 to 24 months, although much shorter courses of therapy (perhaps 6 or 9 months) with certain drug combinations are currently under investigation.

Isoniazid also has been used successfully, in combination with streptomycin or ethambutol, for intermittent twice-weekly chemotherapy of tuberculosis. The adult dosage in intermittent regimens is 15 mg per kg twice weekly. Pyridoxine usually is given concomitantly. Intermittent therapy should always be preceded by an initial daily treatment phase. There is no experience with intermittent therapy in children.

For preventive therapy, the dosage for adults is 300 mg daily, and in children 10 mg per kg of body weight per day, for 12 months. Preliminary results of a current trial suggest that shorter durations of therapy may be as efficacious. While the incidence of adverse reactions including isoniazid-associated hepatitis is low, screening procedures are recommended before starting preventive therapy and monitoring at monthly intervals during therapy.

PHYLLIS Q. EDWARDS, MD

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